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DATE: January 21, 2004

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NUMBER OF PAGES (including this page):

7

EMAIL: SWEBB@dsoblaw.com

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RE:

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Application No. 09/304,379
Filed: 5/4/1999
Art Unit: 2666
Docket No. 1152
Examiner: Phuc H. Tran
Inventor: Gardner

(703) 872-9306

MESSAGE Enclosed for filing are the following:

1. Transmittal (one page);
2. Petition for Extension of Time (one Page);
3. Response to the Office Action dated 9/24/03 (Four pages).

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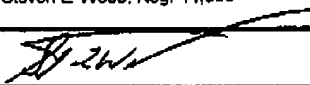
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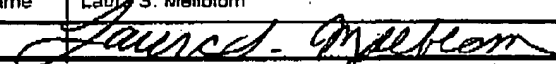
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/304,379; Confirmation No. 9580	
	Filing Date	5/4/99	
	First Named Inventor	Michael J. Gardner	
	Art Unit	2666	
	Examiner Name	Phuc H. Tran	
Total Number of Pages in This Submission	5	Attorney Docket Number	1152

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Steven L. Webb, Reg. 44,395
Signature	
Date	1/21/04

CERTIFICATE OF MAILING			
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